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In My Opinion

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Lesbian, Gay, Bisexual, and Transgender Health

Disparities We Can Change

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An article by Dr Peggy Chinn, immediately following this one, provides commentary.

Our journey is not complete until our gay brothers and sisters are treated like anyone else under the law—President Barack Obama, inaugural address 2013

Epidemics have an uncanny way of highlighting health disparities. Nurses, by virtue of our scope of practice, are the witnesses and recorders of every health disparity known to people. As a staff nurse at the peak of the AIDS epidemic, I witnessed the lesbian, gay, bisexual, and transgender (LGBT) community suffering the brunt of the AIDS crises. Enduring themes related to health inequities linger to this day: bias, moral distress, and increased demand for dwindling resources. Only recently have disparities among the LGBT population become a health priority, not only by interest groups but also by federal health care agencies.

Commenting on the lack of research in LGBT health, the Institute of Medicine's consensus report emphasized the lack of science-based knowledge on the health of LGBT persons.[1] Healthy People 2020[2] and the US Department of Health and Human Services[3] (HHS) further underscored the health disparities and the lack of compassionate services that these populations deserve.

Because health issues are closely linked with policies, the political arena is also a platform for discussion. At the direction of President Obama, HHS took action to ensure that LGBT persons have equal visitation rights to their partners in hospitals or nursing homes.[3] In December 2011, US Secretary of State Hilary Rodham-Clinton addressed the United Nations, during the anniversary of the Declaration of Human Rights, to remind world leaders that LGBT rights are human rights.[4] Clinton admonished policy makers, health advocates, researchers, practitioners, and patients to engage in a more proactive role in bridging health disparity among the "invisible minority.

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Healthy People 2020[2] identified significant health disparities and sought much needed collaboration from healthcare professionals and policy makers to address them. Among its findings are the following:

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbians are less likely to get preventive services for cancer.
- Gay men are at higher risk of human immunodeficiency virus (HIV) and other sexually transmitted infections, especially among communities of color.
- Lesbians and bisexual women are more likely to be overweight or obese.
- Transgender individuals have a high prevalence of HIV/sexually transmitted infections, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexuals or LGBT individuals.
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use.

Health disparities, however, among the LGBT are not uniform. Transgender individuals are the most vulnerable among them. In 2011, the national transgender discrimination study[5] found that almost half (48%) of survey respondents delayed seeking care because of inability to afford the cost; more than a quarter (28%) postponed care because of discrimination. Among those who sought care, 19% reported being refused treatment because of their transgender or gender nonconforming status, and 50% reported having the need to teach their healthcare provider about transgender care. Respondents also reported more than 4 times the national average of HIV infection. Transgender people of color who reported being refused care had higher rates of HIV infection than the total sample population.

The Patient Protection and Affordable Care Act (ACA) contains provisions aimed at addressing disparities. Federal nondiscrimination protections to healthcare will be guaranteed, insurers will be barred from denying coverage to individuals with preexisting conditions, and prescriptions will be more

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affordable. These provisions will positively impact transgender individuals, people living with HIV, and LGBT elders. Most important, the ACA provides for funding for much-needed research to examine the unique health needs of LGBT persons.

The nursing profession counts among its ranks LGBT individuals and can be a force in helping to bridge address disparity. Each time we witness discrimination, healthcare inequity, or culturally incompetent care and do nothing, we are tacitly supporting the continued lack of best practices that may cost some lives and potentially deny one of our own the respectful care they deserve. Nursing education can greatly help by designing and implementing inclusive curricula to ensure that the future workforce provides relevant patient-centered care to all.

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State Governors Support Nurse Practitioners and Advanced Practice Nurses

In an effort to meet increasing demands for primary care services, governors throughout the United States have spoken out in favor of expanding scope-of-practice laws for nurse practitioners (NPs) and other advanced practice nurses (APNs). Support stemmed from evidence gathered through a comprehensive literature review sponsored by The National Association of Governors. The full report is available at http://www.nga.org/cms/home/news-room/news-releases/page_2012/col2-content/nurse-practitioners-have-potenti.html.

In reviewing 22 studies, the governor's group concluded that several specific aspects and processes of healthcare provided by NPs and APNs are comparable with physician-provided care. The literature review also supported that NPs allowed for improved access to healthcare. Care provided by NPs compared favorably with care provided by physicians in terms of patient satisfaction, prescriptive accuracy, preventive education, and amount of time the provider spent with each patient. Chronic conditions, including hypertension, diabetes, and obesity, can be successfully managed by NPs and APNs. Nurse practitioners are actually more successful in achieving patient compliance in reducing both blood pressure and blood sugar. A similar literature review, carried out by the same organization in 2003, determined that NPs and APNs are more likely to work with underserved urban and rural populations than are primary care physicians. The study also illustrated that patients self-reported having no preference as to who provided their "nonmedical" aspects of care.

Currently, 16 states, including the District of Columbia, allow NPs to practice and prescribe medications without supervision by physicians. Thirty-four states require physician involvement. Ten states plan to expand NP independence in 2013.

Changes in healthcare resulting from the Affordable Care Act are predicted to add 15 million to 25 million primary care visits yearly until 2020. The report by the National Association of Governors recommends that states ease their scope of practice restrictions and modify reimbursement policies to include greater nurse involvement in primary care. The 2010 Institute of Medicine Report has previously noted the restrictive nature of NP and advanced practice nursing laws as a barrier to healthcare delivery.

Our role as nurse educators involves continuing to effectively prepare these APNs. In addition, as healthcare leaders in each state, we can work to impact and advance policy changes related to the role of APNs and better meet the healthcare needs of each state.

Source: Pittman D. NPs care equal to Doc's, review finds. MedPage Today. December 28, 2012. Available at http://www.medpagetoday.com/nursing/Nursing/36648. Accessed February 14, 2013.

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